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Bib Data Sheet

CONFIRMATION NO. 4868

<b>SERIAL NUMBER</b> 10/047,352	<b>FILING DATE</b> 01/14/2002 <b>RULE</b>	<b>CLASS</b> 435 / 368	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 0109015/024
<b>APPLICANTS</b> Renji Yang, Silver Spring, MD; Karl K. Johe, Potomac, MD;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF 09/398,897 09/20/1999 AND CLAIMS BENEFIT OF 60/101,354 09/22/1998 AND A CIP OF 09/053,414 04/01/1998 ABN WHICH IS A CIP OF 08/719,450 09/25/1996 PAT 5,753,506 <i>PCV</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none PCV</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 02/15/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>PCV</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 17
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> BELL, BOYD & LLOYD LLC P.O. Box 1135 Chicago ,IL 60690-1135				
<b>TITLE</b> Stable neural stem cell lines				
<b>FILING FEE RECEIVED</b> 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	